

Master of Public Health Program
University of Kansas School of Medicine

Annual Report
July 1, 2004 – June 30, 2005



Contents

	Page
Table of Contents	1
List of Tables and Figures	2
Program's Mission, Goals and Leadership	3
Executive Summary	4
Progress on Goals, Objectives and Targets, FY05 (2004-2005)	
▪ Education	6
▪ Research	18
▪ Service and Practice	25
▪ Program Environment	28
Challenges and Opportunities	31
Goals, Objectives and Targets, FY06 (2005-2006)	32
Appendices	
▪ Students and Graduates	36
▪ Program Faculty	40
▪ Research Grants	43
▪ Service Grants and Contracts	45

Tables and Figures

	Page
Table 1. Applicants, admitted students and students who enrolled in the program.	6
Table 2. Student graduation rates.	7
Table 3. Evening and web-based courses available to students.	8
Table 4. Summary of quality indicators from student evaluations of courses.	8
Table 5. Curriculum matrix analysis to assess competencies addressed in required courses.	9
Table 6. Baseline public health competency self-assessment.	10
Table 7. Competency self-assessments, selected KDHE employees.	11
Table 8. Faculty with training and expertise to support an MPH specialty in epidemiology.	13
Table 9. Public health practitioners among faculty.	14
Table 10. Authorships in scholarly journals and books by program faculty.	18
Table 11. Journals in which faculty published.	19
Table 12. Formal bi-campus meetings for strategic planning and program evaluation.	28
Table 13. Formal bi-campus operations committee meetings to implement program priorities.	29
Table 14. Characteristics of new curriculum competency matrix database.	29
Table 15. Students who graduated and students newly enrolled.	36
Table 16. Method of determining faculty teaching effort in the MPH program.	38
Table 17. Trends in effort devoted to the MPH program by core teaching faculty.	38
Table 18. Core teaching faculty.	40
Table 19. Total faculty complement.	41
Figure 1. Counties impacted by the MPH program and by our faculty's workforce development initiatives.	5
Figure 2. Full time and part time students, by semester.	37
Figure 3. Credit hours taught, by semester.	39

Mission

The mission of the KU-MPH program is to provide teaching, research and service activities that prepare public health practitioners, health care providers, and researchers to develop and apply population-based and individual approaches to maintaining and improving the public's health in the heartland and the nation.

Program Goals

1. To prepare MPH students for professional careers.
2. To provide knowledge and skills training for our local, state and regional public health workforce.
3. To conduct research that will strengthen the science base for public health policy and practice.
4. To lead and support service and practice activities to meet public health needs.
5. To maintain an organizational structure that supports the mission of the MPH program.

Leadership

Executive Director:	Linda M. Frazier, MD, MPH
Site Director, Wichita:	Suzanne R. Hawley, PhD, MPH
Site Director, Kansas City:	Won S. Choi, PhD, MPH
Executive Council:	Linda M. Frazier, MD, MPH Suzanne R. Hawley, PhD, MPH Won S. Choi, PhD, MPH Craig A. Molgaard, PhD, MPH Jasjit S. Ahluwalia, MD, MPH
Operations Committee:	Linda M. Frazier, MD, MPH Suzanne R. Hawley, PhD, MPH Melissa Armstrong Won S. Choi, PhD, MPH Mary Ann Woirhaye, MPH
Chair, Admissions Committee:	Angelia Paschal, PhD
Chair, Curriculum Committee:	Karen Kramer, PhD
Chair, Research Committee:	Sue-Min Lai, PhD, MS, MBA
Director, MD/MPH Program:	Edward F. Ellerbeck, MD, MPH
Co-presidents, MPH Student Organization:	Elizabeth A. Ablah, MA and Ashley Hamilton (July-December 2004), Mike Kopf and Robin Liston (January-June 2005)
Chair, External Advisory Committee:	D. Charles Hunt, MPH, Senior Epidemiologist, Kansas Department of Health and Environment
Staff, Wichita	Melissa Armstrong, Senior Coordinator Iva Chrisman
Staff, Kansas City	Mary Ann Woirhaye, MPH, Senior Coordinator Miranda Rosenberger

Executive Summary

The MPH program at the University of Kansas School of Medicine is serving a broad constituency in Kansas, as shown by the map provided on the next page. From Spring 2002 through Spring 2005, our MPH student body has come from 17 Kansas counties. Our faculty and staff provide an outstanding array of continuing education programs for public health practitioners across the state. The Chautauqua Informatics Project conducts regional training sessions for health department personnel on use of computer software. During 2004-2005 (fiscal year 2005, FY05) the team provided training for 320 training sessions for 167 individuals. The Kansas Public Health Leadership Institute (KPHLI) provided training for 51 scholars from 19 counties so far. Stroke prevention videoconferences were provided for health department educators and agricultural extension agents in 8 cities and towns across Kansas. Our Mental Health Preparedness training reached 180 public health practitioners to help them serve diverse populations and respond to emergencies. Kansas recruited a new Director of Health at the state health department, and he became an adjunct faculty member in our program. Our linkages with public health practice were also strengthened by a physician faculty member who became the health officer for Wyandotte County during FY05, and by another physician faculty member who continues to serve as the health officer for Sedgwick County.

This year we enrolled 36 new degree-seeking students into the MPH program, the largest entering class in the history of our program. Twenty students who had enrolled in previous years graduated during FY05. Each semester, over 70 students were enrolled in MPH courses, making the MPH program second only to the medical student education program in number of students among the graduate programs of the school of medicine. Our faculty taught more than 500 credit hours per semester. Funding from the Kansas Health Foundation is now supporting development of new intermediate-level MPH courses to provide more in-depth training in management, finance, public health policy and law in collaboration with colleagues in the Department of Health Policy and Management.

The endowment of \$500,000 received during the second half of FY04 from the Kansas Health Foundation to honor John T. Stewart III has helped us recruit for our MD/MPH program. We expect several outstanding medical students to become our first Stewart Scholars in the near future. Efforts of individual MPH students and the collective effort of our bi-campus MPH Student Organization have achieved impressive accomplishments this year. Students served on our program's standing committees, providing insights that helped guide our program. Students also organized community service activities and made excellent research presentations at professional meetings.

Faculty research remained very strong, with scholarly publications in 56 peer-reviewed journals during FY05. New research grants were obtained to address cigarette smoking among vulnerable populations, breast and cervical cancer and other topics. On-going research grants focused on improving health care in rural areas, improving access to health care for the uninsured, assisting adults with limited literacy skills and environmental health. Faculty service activities included assisting the state health department to begin implementing the newly-revised Comprehensive Cancer Plan, directing the state's cancer registry and cancer surveillance program, evaluating bioterrorism preparedness training and other workforce development activities, and leading health promotion initiatives.

We are making progress on our multi-year plan to increase emphasis on the national core public health competencies in our MPH curriculum and to document student skills attained. This initiative is in harmony with the new accreditation criteria released by the Council on Education in Public Health (CEPH) in June, 2005. One of the new CEPH requirements is for all MPH programs to require a minimum of 42 semester hours of study. Our program now requires 36 semester hours. The educational needs assessments that we conducted among students, regional public health stakeholders and alumni over the past two years have provided data that we will use in re-designing our MPH curriculum to meet this new accreditation requirement. The expanded curricular requirements will apply to newly-admitted degree-seeking students who enroll after we complete the planning for our new curriculum, and our new program requirements are approved by the graduate school of the University of Kansas. We anticipate that we will make this announcement within the next 12 to 18 months.

Program Goals and Objectives, FY05 (2004-2005)

EDUCATION – FY05

GOAL 1: Prepare MPH students for professional careers.

Objective 1.1: Enroll a qualified student body

Target 1: 15-25 new students/year will enroll at our Kansas City campus, and 10-15 new students/year will enroll at our Wichita campus.

Data: Applicants, admitted students and students who enrolled in the program during FY05 are shown on Table 1. Of the 87 applicants, 55 (63.2%) were accepted for admission (Table 1). A total of 36 individuals were enrolled as degree-seeking students, of whom 12 (33.3%) are employed in public health practice (see Appendix 1).

Table 1. Applicants, admitted students and students who enrolled in the program.

Site	Applied	Admitted	Enrolled Non-Degree	Enrolled Degree-Seeking
Kansas City				
Fall 2004	42	28	0	17
Spring 2005	14	8	2	5
Wichita				
Fall 2004	22	13	0	9
Spring 2005	9	6	0	5
Total	87	55	2	36

Target 2: At least 90 percent of degree-seeking new enrollees have undergraduate GPA \geq 3.0

Data: Among the 36 enrolled degree-seeking students, the prior grade point average (GPA) was from a US institution for 34 students. The mean GPA of the 34 US graduates was 3.36 (range 2.72 to 4.0), and 30 students had a GPA above 3.0 (88.3%). All four students with undergraduate GPAs below 3.0 are doing very well, having achieved a GPA above 3.80 in their FY05 MPH courses.

Target 3: At least 90 percent of degree-seeking new enrollees have GRE scores \geq 50th percentile

Data: The analytic and verbal subscales of the Graduate Record Examination (GRE) test met our target for 89.5% of the newly enrolled degree-seeking students. For 2 students, the analytic and verbal subscores were both below the 50th percentile. Both students had undergraduate GPAs above 3.0, and have achieved a GPA of 4.0 in their FY05 MPH courses.

Comment: We met our enrollment targets by welcoming 36 new degree-seeking students—22 in Kansas City and 14 in Wichita. Last year there were 25 new degree-seeking enrollees. The 11 additional students in FY05 represent an increase of 44% $([11/25] \times 100)$. Three of the new degree-

seeking students had begun taking public health classes as non-degree-seeking students during FY04. This year we enrolled 2 new non-degree-seeking students. The academic potential of enrolled students was satisfactory, as reflected by undergraduate GPA data, GRE scores and progress in MPH coursework. The proportion of the incoming degree-seeking students who had a GPA or GRE scores within our targeted range was nearly 90%. Individuals with lower GPA or GRE scores had other compelling reasons for admission, and are making excellent academic progress.

Objective 1.2: Ensure adequate graduation rates

Target 1: 80% graduation rate within 5 years of enrollment as a degree-seeking student

Data: Graduation rates through Spring 2005 among degree-seeking students are provided in Table 2. The data are organized according to the year each student enrolled (i.e. by enrollment cohort). The chart presents the cumulative graduation rates to the present time (i.e. students who first enrolled in 1999 may have graduated in 2000, 2001, 2002, 2003, or 2004). Five and one-half years after the 1999 cohort enrolled (through Spring 2005), the cohort's graduation rate was 89%.

Table 2. Student graduation rates.

	Year Enrolled (Degree-Seeking Students)						
	1998	1999	2000	2001	2002	2003	2004
Enrolled	24	19	25	18	33	29	36
Graduated	18	17	19	10	18	5	4
% Graduated	75	89	76	55	54	24	10

Target 2: Structure the curriculum to accommodate needs of employed students by providing at least 3 evening or web-based courses during the Fall and Spring semesters.

Data: Courses provided at times that are relatively more convenient for employed students are provided in Table 3 on the next page.

Comment: Graduation rates were 89% at 5 and one-half years after enrollment (1999 enrollment cohort) and 76% at 4 and one-half years after enrollment (2000 enrollment cohort). The graduation rates of each cohort peak at 4.5 to 5.5 years after enrollment because our program is structured to accommodate part-time students (see Appendix 1 for numbers of full-time and part-time students). Employed students could choose between evening or web-based courses if needed to accommodate job schedules, and we met our targets for the number of these courses provided. Each web-based course was available on both campuses. Each evening course was taught in traditional classroom format and was considered available only on the campus where it was taught. The total number of such courses from which students could choose during Fall 2004 was 9 in Kansas City and 7 in Wichita, and during Spring 2005, the number was 6 in Kansas City and 7 in Wichita. The Kansas City campus also offered an elective at 7:30 am both semesters. Courses such as independent study, practicum and thesis that included early morning or evening meetings with faculty are not shown on this table. During summer sessions, evening, web-based and independent study courses were also offered.

Table 3. Evening and web-based courses available to students.

	Kansas City		Wichita	
	Required	Elective	Required	Elective
Evening courses				
Summer 2004	0	1	0	1
Fall 2004	4	2	2	2
Spring 2005	1	3	2	3
Web-based courses				
Summer 2004	0	1	0	1
Fall 2004	2	1	2	1
Spring 2005	0	2	0	2
Total courses convenient for employed students*				
Summer 2004	1		2	
Fall 2004	9		7	
Spring 2005	6		7	

*Does not include convenient early morning and independent study courses.

Objective 1.3: Teach a high-quality, competency-based curriculum

Target 1: All courses will receive student evaluations of ≥ 4 out of 5 on at least 2 of the 4 quality indicators

Data: Course evaluations are completed confidentially by students using a scale where 1 is the lowest rating and 5 is the highest. Data from courses taught during FY05 are shown in Table 4. The student response rate per course improved this year (87.2% in FY05 compared to 75.8% in FY04). Since the number of students per class was small (median 10.5 students), the quality indicators are interpreted with some caution because of the potentially large statistical influence of a single data point (i.e. one student's concerns).

Table 4. Summary of quality indicators from student evaluations of courses.

Item	Mean	Minimum	Maximum
Instructor demonstrated expertise of the subject	4.7	3.7	5.0
Overall, instructor demonstrated effectiveness as a teacher	4.5	3.5	5.0
Overall organization of course	4.3	3.3	5.0
Overall quality of course	4.4	3.3	5.0

There were 4 courses taught in FY05 that did not meet our target. None of the 4 courses received a mean score less than 3.3 on any indicator. Instructor expertise was viewed as good to excellent for the courses (scores for instructor expertise of 3.7, 4.2, 4.3 and 4.7 out of 5.0). Some students had concerns about instructor effectiveness as a teacher and the overall organization of the courses. Two of these 4 courses are required by the program and attempted to cover a large number of the national public health competencies in 3 credit hours (39 and 56 of 68 competencies). Our curriculum initiative

which is leading to an expansion of our course offerings (see Targets 2-4 for Objective 1.3, below) is identifying ways we can address some of the skills students are currently expected to master from these two competency-crowded courses. Individual feedback has also been provided to instructors of the 4 courses, discussing successes and opportunities for improvement.

Target 2: 100% of course syllabi will include core public health competencies

Data: In FY04, a template was developed for all required and elective courses intended for MPH students. This template was designed for academic courses taught in classroom or web-based format, and excluded the practicum and MPH courses conducted by independent study. The syllabus template includes those competencies that the course addresses from among the 68 national competencies promulgated by the Council on Linkages between Academia and Public Health Practice. In FY05, 21 of 26 syllabi from these academic courses (80.8%) listed the public health competencies addressed. Each competency was addressed at least once in our program's 6 required MPH courses that provide skills in epidemiology, biostatistics, biostatistical computing, social and behavioral aspects of public health, public health administration and environmental health. The median number of public health competencies addressed by each of the 6 required academic courses was 18.

The 68 national public health competencies are divided into 8 competency domains of 5 to 11 competencies each (Table 5). Although students may gain necessary skill levels after taking only one course covering a particular competency, revisiting the competency in several courses probably increases the likelihood that all students become skilled. The number of competencies taught in two or more required courses is provided in Table 5. Repeated emphasis in required courses other than the practicum was least frequent for competencies in domains 5 and 8, which are mainly addressed in the practicum that all students complete. Of the 52 competencies in the other 6 domains, 37 (71.2%) were covered in 2 or more required courses. Policy development and program planning skills were least likely to receive repeated emphasis in required academic courses (domain 2, Table 5). Of the 21 health policy and management competencies in domains 2 and 7, only 12 (57%) received repeated emphasis.

Table 5. Curriculum matrix analysis to assess competencies addressed in required courses.

Domain	Total # Competencies in Domain	Competencies Taught in ≥ 2 Required Courses other than Practicum N (% of competencies in domain)
1. Analytic/assessment skills	11	8 (72.7)
2. Policy development/program planning skills	11	6 (54.5)
3. Communication skills	7	6 (85.7)
4. Cultural competency skills	5	3 (60.0)
5. Community dimensions of practice skills	8	1 (12.5)
6. Basic public health skills	8	8 (100.0)
7. Financial planning and management skills	10	6 (60.0)
8. Leadership/systems thinking skills	8	1 (12.5)

Target 3: All students will self-assess skill levels in core public health competencies on enrollment.

Data: Newly-enrolled MPH students ranked their baseline skills for each of the 68 core public health competencies. The ranking scale for each skill was coded as 1 = very undeveloped, 2= fairly undeveloped, 3 = basic, 4 = fairly developed, and 5 = highly developed. Domain scores for the FY05 degree-seeking new enrollees (response rate 83.3%) are shown in Table 6.

Table 6. Baseline competency self-assessment among new degree-seeking enrollees.

Domain	Mean	Minimum	Maximum
1. Analytic/assessment skills	3.17	1.73	4.91
2. Policy development/program planning skills	2.61	1.09	4.64
3. Communication skills	3.33	2.00	4.43
4. Cultural competency skills	3.68	2.60	5.00
5. Community dimensions of practice skills	2.67	1.25	4.50
6. Basic public health skills	3.01	1.38	5.00
7. Financial planning and management skills	2.60	1.00	4.80
8. Leadership/systems thinking skills	3.02	1.75	4.38

Competency self-assessments among new students this year were similar to those among new students last year. The cultural competency skills domain received the highest self-assessment (mean = 3.17). The two lowest domains were financial planning and management, and policy development/program planning, both of which were in the fairly undeveloped skill level range.

For individual items that made up the domain scores, the highest self-assessment scores were:

- Listens to others in an unbiased manner, promoting views of diverse opinions (mean = 4.13)
- Defines a problem (mean = 4.07)
- Develops a lifelong commitment to rigorous critical thinking (mean = 4.03).
- Communicates effectively both in writing or orally, or in other ways (mean = 3.93)
- Understands the importance of a diverse public health workforce (mean = 3.90)

For individual items, the lowest self-assessment scores were:

- Negotiates, develops contracts and other documents for provision of population-based services (mean = 2.03)
- Articulates health, fiscal, administrative, legal, social and political implications of each policy (mean = 2.23)
- Conducts cost effectiveness, cost-benefit, and cost-utility analyses (mean = 2.23)
- Prepares proposals for funding from external sources (mean = 2.33)
- Identifies, interprets, and implements public health laws, regulations and policies related to specific programs (mean = 2.37)

Target 4: *Obtain funding to develop two new intermediate-level courses: public health administration/finance and public health policy/law. Also, collect data on resources needed to develop a concentration in epidemiology.*

Data:

Health Policy, Law, Administration and Finance

Led by Marci Nielsen, PhD, MPH in the Department of Health Policy and Management, we were able to obtain the following grant to support planning for the two new courses in health administration/finance and public health policy/law:

Needs Assessment and Planning for MPH Curriculum Development at KUMC. Nielsen M (PI), Department of Health Policy and Management; Frazier LM and Choi WS (MPH Program). Kansas Health Foundation. \$30,000.

With this grant, we further studied the needs assessment data that we had collected last year (see FY04 annual report). We reviewed the syllabi of existing courses offered by the Department of Health Policy and Management to identify courses that cover the public health competencies needed by MPH

students. In addition, results of a workforce development needs assessment that was conducted in FY04 became available in October, 2004. This was a survey of the practitioners at the Kansas Department of Health and Environment (KDHE). This needs assessment was produced by the Kansas Public Health Workforce Development Committee (see Program Objective 2.1).

KDHE employees were asked to assess their perceived personal ability-level for the Council on Linkages Core Public Health Competences, and the importance of each competency in their current job. When an employee's ability score for a competency is lower than the score for the importance of the competency in his/her job, training may be needed in this competency. The overall response rate was 37%. Key findings among the 215 respondents who provide direct services, program staff, managers, administrators and laboratory professionals are shown in Table 7. The Division, Center or Office within KDHE where these respondents worked were the Division of Environment (n=63), the Division of Health (n=51), the Division of Health and Environmental Laboratories (n=20), the Center for Health and Environmental Statistics (n=6), and the Office of the Secretary (n=4); 71 respondents did not answer the question.

Table 7. Competency self-assessment, selected KDHE employees.

Domain	Ability Score* (mean)	Importance Score* (mean)	Percent of Employees Needing Training n=215
Analytic/assessment skills	2.98	2.92	35.2
Policy development and program planning skills	2.59	2.44	34.1
Communication skills	2.90	2.73	32.4
Cultural competency skills	2.69	2.43	24.1
Community dimensions of practice skills	2.49	2.30	27.7
Basic public health skills	2.13	1.92	26.1
Financial planning and management skills	2.42	2.07	23.4
Leadership and systems thinking skills	2.53	2.28	22.9
Emergency preparedness	2.40	2.09	24.5

* Scale: 1 is lowest and 4 is highest possible score. Conducted during winter, 2003-2004.

Among the individual items that made up the policy/program planning domain, the competencies with the highest percentage of employees needing training included:

- Develop mechanisms to monitor and evaluate programs for their effectiveness and quality (27.8%)
- Decide on the appropriate courses of action (22.2%)
- Develop a plan to implement policy, including goals, outcomes and process objectives, and implementation steps (21.7%)

This group of KDHE employees was somewhat or very interested in the following options for MPH training:

- On-line format or other distance-learning format (56%)
- Computer-based (e.g. CD-ROM) (55.5%)
- Traditional format (43.8%)

Although limited by a low response rate, the new KDHE survey was consistent with the curriculum needs assessments we conducted during FY04. The KDHE workers felt that their greatest training needs were in the analytic/assessment domain and the policy development/program planning domain. Nearly one in four of these KDHE employees appear to need training to develop financial planning/program management skills. Courses in distance-learning format were desired by approximately 100 KDHE practitioners interested in obtaining an MPH degree. Distance learning format is also important for current Wichita MPH students, because the Department of Health Policy and Management is located on the Kansas City campus.

After evaluating the resources that would be needed to design, implement and sustain the two new courses, we submitted the following application for a 2-year grant, which was awarded in June 2005:

Integrating health policy and management content into the Masters of Public Health Program at the University of Kansas. Nielsen M (PI), Department of Health Policy and Management; Frazier LM and Choi WS (MPH Program). Kansas Health Foundation. \$220,000.

Specific aims of the proposal included:

- Highlighting availability to MPH students of certain courses already offered by the Department of Health Policy and Management by cross-listing them
- Incorporating distance learning into health administration and policy courses to reach MPH students outside of the Kansas City metro area
- Creating two new courses, the first focusing on health administration, management, and budgeting and the second focusing on public health policy and law
- Raising awareness of these courses among current MPH students and potential students across Kansas.

Epidemiology Specialty Area

In FY05, we considered whether we should launch an MPH specialty area in epidemiology, also sometimes described as an epidemiology concentration or epidemiology track. Our bi-campus standing committee on curriculum discussed the curriculum needs assessment data our program collected in FY04, and agreed that development of sound analytic skills was a theme that emerged. The committee reviewed the advice provided by Dr. Keck and colleagues when our program underwent accreditation review in 1998. This advice, which was “intended only as an example,” included:

- 3.0 FTE faculty available in the area of expertise, including 2 full-time core faculty devoting at least 75 percent time each to the MPH program
- At least 12 FTE students and preferably 18 FTE students will enroll in the track upon its initiation
- The existence of at least six advanced level courses in the area of expertise
- The availability of at least three courses elsewhere in the university that are relevant to the area of expertise
- The specification of competency-based learning objectives that will guide curriculum planning (programmatic as opposed to course objectives)
- A written justification for the track based on public health needs in Kansas
- The identification of 10 Kansas-based practitioners who are interested in being involved in the track in some way (advisory committee, practicum site, occasional lecturer, etc.

Our curriculum committee examined numerous websites of public health training programs. Those with concentrations typically required 3 to 4 required courses and 2-4 electives related to the discipline. Strengths and limitations of our current curricular offerings were then assessed by the committee. Our students on either campus can already enroll in 5-8 courses providing skills in epidemiology and biostatistics. Some epidemiology electives are offered in rotation every two years instead of annually. This could be a problem for full-time students who wish to graduate within 2 years, although most of our students are part-time (e.g. 81.5% were part-time in Fall 2004, Appendix I). The committee projected that 5 to 10 students would enroll in the concentration, but recognized that a survey of students would add to the input provided by the committee’s two student members. The committee was confident that it would be possible to identify 10 Kansas-based practitioners to serve as lecturers, practicum site mentors and advisors. To develop overall learning objectives for the epidemiology concentration, the committee recommended using established national competencies, particularly those that the Council of State and Territorial Epidemiologists plan to release in the near future.

The committee identified 9 core faculty members who have training and expertise in epidemiology. The Council on Education for Public Health (CEPH) specified in June, 2005 that 3.0 full time faculty who are trained and experienced in the discipline are needed to sustain an MPH specialty area. As shown in Table 8, we do have at least three such faculty members on each campus, and the total teaching and advising that they provide exceeds 3.0 FTE when bi-campus totals are considered. The total teaching and advising effort by these faculty members is less than 3.0 FTE on each campus, however.

Table 8. Faculty with training and expertise to support an MPH specialty in epidemiology.

Site	FY04	FY05	Mean
Kansas City			
Number of Faculty	6	6	6
FTE contributed for MPH teaching and advising	2.21	2.19	2.20
Wichita			
Number of Faculty	3	3	3
FTE contributed for MPH teaching and advising	1.66	1.46	1.56
Bi-campus Total			
Number of Faculty	9	9	9
FTE contributed for MPH teaching and advising	3.87	3.65	3.76

Comment: Student evaluations affirmed that course quality is generally high, with mean scores of 4.3 or higher on a scale where 5 is the highest possible score. Of the 4 courses that did not meet our student evaluation target this year, two attempted to teach in 3 credit hours more than twice the median number of competencies taught in other courses.

New data from our curriculum competency matrix analysis, baseline competency self-assessments among FY05 new degree-seeking enrollees and a new needs assessment survey among KDHE employees are consistent with curriculum needs data we obtained in FY04. The data support developing a new intermediate-level course in health administration, management and budgeting, as well as another course focusing on public health policy and law. We have obtained the resources necessary to accomplish this task.

Regarding development of a possible concentration in epidemiology, it appears that our program does not yet have the resources to offer this concentration on both campuses, mainly because some epidemiology elective courses are offered only once every two years. Although we do not have 3.0 FTE in teaching contributed by epidemiology faculty members on each campus each year, it may be appropriate to include not only our faculty with epidemiology expertise, but also our faculty with biostatistics expertise. For the short term, students who need additional skill development can take advantage of our existing electives in epidemiology, biostatistics and data management. We will further consider how best to ensure all students gain skills in the analytic domain during strategic planning in FY06, especially since we are going to increase our total number of required semester hours from 36 hours to at least 42 hours.

Our three-year plan to increase emphasis on the core public health competencies is progressing relatively well. Some faculty did not include the public health core competencies in their syllabi and some students did not self-assess competency levels on enrollment, but compliance rates were over 80%. While working to improve these figures, we will further increase emphasis on the competencies in four ways. We will improve guidelines for the practicum to highlight the importance of addressing the competencies in domain 5, community dimensions of practice, and in domain 8, leadership and systems thinking. We will add a competency self-assessment prior to allowing students to enroll in the practicum, and link this formally to an objective assessment by the faculty member chairing the student's capstone committee. We will also explore the use of portfolios to help students and faculty more objectively assess development of critical skills. Target 3 for Program Objective 1.3 will be expanded accordingly during FY06 as follows:

- All students will self-assess skill levels in the core public health competencies periodically during training.

- Faculty will assess each student's competency level during completion of the capstone.
- Design and field-test materials that could be used to assess competency development and evaluation by means of portfolios.

This competency initiative will allow us to focus more on outcome measures (i.e. true skill levels among students) rather than relying only on process measures (i.e. % of syllabi listing competencies, % of students completing self-assessments at enrollment).

Objective 1.4: Educate students about public health practice

Target 1: *Ensure public health practice experience in the capstone.*

Data: A policy requiring practicum (not thesis) as the capstone experience was implemented in Fall 2004.

Target 2: *Develop plan for recruiting additional adjunct faculty from public health practice*

Data: The number of public health practitioners with formal faculty appointments in our Departments during FY04 and FY05 are shown in Table 9. KDHE and county health departments are the primary practice sites for most of these faculty.

Table 9. Public health practitioners among faculty.

	Kansas City	Wichita
2003	4	5
2004	4	8
Increase	0%	60%

The public health practice experience these faculty brought to the program include epidemiology (Mr. Hunt, KDHE), health officer duties (Dr. Greiner, Wyandotte county, Dr. Chin, Johnson county and Dr. Fredrickson, Sedgwick county), rural health and workforce development (Ms. Orr, KDHE), health education (Dr. Burbach, Ms. McDonald and Ms. Armbruster), environmental health and public health administration (Mr. Brown) and others. In early 2005, Dr. Howard Rodenberg became KDHE's new director of health. He was also appointed Adjunct Associate Professor of Preventive Medicine and Public Health at University of Kansas School of Medicine-Wichita and provided the commencement address at our MPH hooding ceremony on May 21, 2005.

In FY05, the course PRVM 805 Seminar in Public Health brought additional public health practitioners to speak to MPH students on both campuses.

The plan we developed this year has two main ways in which we plan to recruit additional adjunct faculty from public health practice. First, the curriculum initiative in health policy and management (described above) was designed to have each of the two new courses developed and taught by a team of three experts:

- A faculty member from the MPH program (Departments of Preventive Medicine and Public Health)
- A faculty member from the Department of Health Policy and Management, and
- A public health practitioner.

Second, there are a number of public health practitioners with whom we work who could be recognized with adjunct appointments. Our students work with these practitioners during capstone projects, and our core faculty collaborate with them during continuing education and service activities (see Program

Goals 2 and 4 below). Not all of these practitioners have been recognized with formal adjunct appointments.

Students also learn about public health practice informally from classmates. This year we increased our recruitment of public health practitioners, and we also had more contact with practitioners during workforce development and service activities. The proportion of our new degree-seeking students who are public health practitioners increased from 3 of 25 (12%) in FY04 to 8 of 36 (22%) this year.

Comment: Public health practitioners serve as teachers and mentors in our program. Those who are also closely allied with our program are excellent candidates for adjunct appointments during FY06. Recruitment of practitioners into the MPH program was strengthened by the following grant that we received this year:

MPH Scholarships for Public Health Practitioners. Frazier L (PI), Choi W (Co-I). 2005. Kansas Health Foundation. \$20,000 (provides 50% of MPH tuition and fees for each practitioner)

GOAL 2: Provide education and training for our local, state and regional public health workforce

Objective 2.1: Lead workforce development planning activities in our region

Target 1: *At least 2 faculty will be members of the Kansas Public Health Workforce Development Committee each year*

Data: Faculty who served on this committee were:

- Dr. Craig Molgaard
- Dr. Suzanne Hawley

The committee includes members from KDHE, the Kansas Association of Local Health Departments, the St. Louis University School of Public Health's Heartland Centers for Public Health Workforce Development, and others. During FY05, this committee produced the report interpreting the training needs assessment conducted among KDHE employees (see Table 7 and related text, above). The committee promoted participation in public health workforce development activities including those listed below.

Target 2: *At least 2 faculty will participate in other such planning activities each year*

Data: Planning activities included:

- Kansas Public Health Association (KPHA):
 - *Legislative Action*, Dr. Kim Richter (Chair). This committee studies and makes recommendations to the Board of Directors on public health or environmental issues which are timely and of interest to KPHA. The committee also solicits and initiates resolutions as appropriate. It also reviews resolutions submitted.
 - *Awards*, Shirley Orr (Chair)
 - *Student Poster Committee*, Melissa Armstrong and Sonja Armbruster (Co-chairs)
 - *Medical/Clinical Care Caucus*, Dr. Ruth Wetta-Hall (Chair)
 - *Student Section*, MPH student Mr. Tim Swindoll (Chair)
 - *Kansas Public Health Leadership Institute Conference*, Dr. Suzanne Hawley (Chair)
- Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health, Dr. Craig Molgaard and Dr. Suzanne Hawley (Kansas Liaisons)
- National Public Health Leadership Network. Faculty member Jack Brown is assisting the Heartland Centers at St. Louis University to plan and implement an environmental public health leadership institute for environmental public health professionals across the nation.

- Kansas Public Health Systems Group sponsored by the Kansas Health Foundation, Dr. Craig Molgaard and Dr. Won Choi (members).
- Visioneering Wichita, a strategic planning activity for the Wichita metropolitan area which includes economic development, quality of life, government, infrastructure and private sector leadership:
 - Dr. Ed Dismuke (Task Force member)
 - Mr. Jack Brown (Co-chair, Visioneering Health Care Alliance)
- Kansas Comprehensive Cancer Partnership, led by KDHE with participation by faculty members Judy Johnston, John Neuberger, Sue-Min Lai, D. Charles Hunt, Aimee James and Allen Greiner. The new comprehensive cancer control and prevention plan for Kansas, released in March 2005, includes cancer-related workforce development needs. MPH faculty participation in the subcommittees formed to implement the plan include:
 - Public education, Judy Johnston (Chair)
 - Professional education, Linda Frazier
 - Research and Data, D. Charles Hunt, John Neuberger, Sue-Min Lai

Comment: The MPH program was represented by leadership roles in many important workforce development planning activities in our region.

Objective. 2.2: Provide public health continuing education

Target: *At least 2 public health continuing education courses in our region will include our faculty as teachers each year*

Data: MPH faculty served as course directors, instructors and mentors in many continuing education activities for public health practitioners. These included:

- Kansas Public Health Leadership Institute. Dr. Molgaard served as Co-executive Director with Ms. Shirley Orr from KDHE. Dr. Hawley served as Program Director and Theresa St.Romain as the Coordinator. Other faculty members are serving as speakers and capstone project mentors. During Cycle II of the project (September 2004-September 2005), a total of 29 scholars enrolled. Scholars are predominantly practitioners at KDHE and county health departments, but also include the Executive Director of the Kansas Public Health Association and others. Of the 19 Kansas counties are represented by the 51 KPHLI scholars in Cycles I and II, one county is classified as frontier, 9 are rural, 6 are semi-urban and 3 are urban. The counties are Cloud, Coffey, Cowley, Crawford, Ellsworth, Geary, Gove, Gray, Harvey, Johnson, Kingman, Labette, Lyon, Pawnee, Pratt, Reno, Saline, Sedgwick and Shawnee (Figure 1).
- Chautauqua Informatics Project. Dr. Molgaard is the project's Director, Julie Oler-Manske is the Project Manager and Susan Popejoy is the Project Coordinator. The provides regional training sessions for health department personnel at sites throughout Kansas (Figure 1). Types of training include Basic Computing, MS Word (basic and intermediate), MS Excel (basic and intermediate) and MS Outlook. During FY05 the team provided training for 167 practitioners (320 person-sessions).
- Mental Health Preparedness Training. Led and presented/co-presented by Dr. Suzanne Hawley, the 6 sessions held to date in this workshop series have provided mental health information to approximately 180 public health practitioners to help them serve diverse populations and respond to emergencies. Topics and venues included:
 - *Psychological Effects of Terrorism and Disaster*, presented at 1) first annual state-wide Public Health Nursing Conference, Wichita, KS, 2) Johnson County Health Department, 3) County health departments in selected bioterrorism regions.
 - *Responding to Diverse Populations: The Biopsychosocial Aspects of Terrorism and Disaster*, presented at the second annual state-wide Kansas Public Health Nursing and Maternal Child Health Conference, Wichita, KS.
 - *Reducing Stigma in Mental Health*, Kansas Public Health Association Spring Training Conference, Salina, KS.
 - *Bioterrorism and Mental Health*, Kansas Public Health Association Spring Training Conference, Salina, KS.
- We Can Eliminate Stroke in Kansas, led by faculty members Judy Johnston and Dr. James

Early. This series of videoconferences were provided in Wichita, Topeka, and 4 smaller cities across Kansas: Garden City, St. Francis, Emporia, Pittsburg, Hays and Manhattan. The training assisted Extension and health department educators to learn about stroke prevention, incorporate stroke prevention messages in their daily work, and improve their skills in providing health education at the community level in collaboration with community partners.

- Public Health Grand Rounds, an activity of the Kansas Workforce and Leadership Development Center. Dr. Molgaard is the Director, Theresa St.Romain is the Coordinator. During FY05, 6 downlinked training sessions were provided through a partnership between CDC and the University of North Carolina School of Public Health.
- Kansas Public Health Nursing and Maternal Child Health Annual Conference. Held May 3-5, 2005, conference attendance exceeded 200 public health practitioners. The conference was coordinated by faculty member Deborah Fromer, and speakers included Drs. Wetta-Hall, Hawley and Rodenberg. Co-sponsors included the KU School of Medicine-Wichita, KDHE, the Heartland Center for Public Health Preparedness and the Heartland Public Health Education & Training Center.
- Biostatistics for the Non-statistician, Second Annual Program was held on October 9, 2004. Directed by Dr. Mayo, this continuing medical and nursing education program was attended by over 40 physicians, nurses and public health practitioners. The sessions included Introduction to Biostatistics, Introduction to Categorical and Survival Data Analysis, Introduction to Epidemiology and Introduction to Statistical Computing. Course evaluations were excellent.
- Kansas Public Health Certificate Program for state and local health department employees. This program entails 12 two-day workshops and had 25 graduates in the 2004 class. Full-day seminars were provided by Dr. Molgaard (Introduction to Public Health), Dr. Frazier (Introduction to Environmental Health), and Dr. Frazier, Ms. Fromer and Mr. Hunt (Epidemiology).

Comment: Program faculty and staff were actively involved in public health continuing education in Kansas.

Program Goals and Objectives, FY05 (2004-2005)

RESEARCH – FY05

GOAL 3: Conduct research that will strengthen the science base for public health policy and practice

Objective 3.1: Author scholarly publications

Target: *The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 15 on each campus each year*

Data: Data for Tables 10 and 11 were tabulated by whole calendar years, so 2005 data will be included in the FY06 annual report.

Table 10. Authorships in scholarly journals and books by program faculty

	2003	2004
Kansas City		
Peer-review journal articles	111	101
Books and book chapters	1	3
Abstracts and national/regional presentations and posters*	170	166
Wichita		
Peer-review journal articles	7	24
Books and book chapters	6	6
Abstracts and national/regional presentations and posters*	97	152
Total peer-review journal articles, books and book chapters		
Kansas City	112	106
Wichita	13	30

*Abstracts, posters and presentations provide rough indication of potential publications in the future.

Table 11. Journals in which program faculty published

2003	2004
Addiction	Addictive Behaviors
Addictive Behaviors	Age and Ageing
Agroforestry Systems	Alcoholism, Clinical and Experimental Research
American Family Physician	American Journal of Gastroenterology
American Journal of Health Behavior	American Journal of Health Promotion
American Journal of Obstetrics & Gynecology	American Journal of Medical Quality
American Society for Testing & Materials International	American Journal of Pathology
Annals of Behavioral Medicine	American Journal of Preventive Medicine
Archives of Internal Medicine	Applied Animal Behaviour Science
Archives of Pediatrics & Adolescent Medicine	BMC Public Health
Archives of Physical Medicine & Rehabilitation	Cancer Epidemiology, Biomarkers, & Prevention
Behavioral & Cognitive Psychotherapy	Clinical Cancer Research
Chemical Senses	Controlled Clinical Trials
Circulation	Dermatitis
Clinics in Occupational & Environmental Medicine	Diabetes Care
Evidence-Based Preventive Medicine	Digestive Diseases and Sciences
Health Education & Behavior	Eating Behaviors
Journal of American College Health	Education & Behavior
Journal of Applied Behavior Analysis	Ethnicity & Disease
Journal of Business, Industry & Economics	Family Medicine
Journal of Clinical Pharmacology	Fertility and Sterility
Journal of Health Care for the Poor & Underserved	Health Care Manager
Journal of Palliative Medicine	Health Communication
Journal of Pediatrics	Health Promotion International
Journal of Public Health Management & Practice	Health Psychology
Journal of Registry Management	Journal of Adolescent Health
Journal of Rural Health	Journal of Aging and Physical Activity
Journal of School Health	Journal of American College Health
Journal of Sports & Exercise Psychology	Journal of Behavioral Medicine
Journal of Substance Abuse Treatment	Journal of Child and Adolescent Substance Abuse
Journal of the American Board of Family Practice	Journal of Community Health
Journal of the American College of Cardiology	Journal of Community Health Nursing
Journal of the American Geriatrics Society	Journal of General Internal Medicine
Journal of the American Medical Directors Association	Journal of Multicultural Nursing & Health
Journal of the American Statistical Association	Journal of Palliative Medicine
Journal of the Louisiana State Medical Society	Journal of Public Health Management and Practice
Mathematics Teacher	Journal of Registry Management
Medicine & Science in Sports & Exercise	Journal of Rural Health
Nicotine & Tobacco Research	Journal of School Health
Neoplasia	Journal of the American Board of Family Practice
Neuroepidemiology	Journal of the National Cancer Institute
Neurology	Journal of the National Medical Association
Obesity Research	Lung Cancer
Pharmacogenetics	Medical Care
Preventive Medicine	National Medical Association
Psychology of Addictive Behaviors	Neurology
Reviews on Environmental Health	Obesity Research
Spine	Preventive Medicine
Stroke	Psychiatric Services
Substance Abuse	Psychology of Addictive Behaviors
Violence Against Women	Public Health Nursing
	Quality Management in Health Care
	Scandinavian Journal of Infectious Diseases
	Social Science & Medicine
	Spine
	Stroke

Comment: We exceeded our target of 15 scholarly authorships by the faculty on each campus. Compared to FY04, this measure of scholarly output stayed about the same in the Kansas City campus, but more than doubled on the Wichita campus.

Objective. 3.2: Conduct research for vulnerable populations

Target: *At least two faculty research projects will address vulnerable populations on each campus each year*

Data: The many scholarly journal articles published by faculty on both campuses in FY05 that concerned vulnerable populations included:

- Ellerbeck EF, Bhimaraj A, Perpich D. Organization of care for acute myocardial infarction in rural and urban hospitals in Kansas. *J Rural Health* 2004;20:363-7.
- Engelman KK, Ellerbeck EF, Perpich D, Nazir N, McCarter K, Ahluwalia JS. Office systems and their influence on mammography use in rural and urban primary care. *J Rural Health* 2004;20:36-42.
- Greiner KA, Li C, Kawachi I, Hunt DC, Ahluwalia JS. The relationships of social participation and community ratings to health and health behaviors in areas with high and low population density. *Soc Sci Med.* 2004 Dec;59(11):2303-12.
- Pulvers KM, Catley D, Okuyemi K, Scheibmeir M, McCarter K, Jeffries SK, Ahluwalia JS. Gender, smoking expectancies, and readiness to quit among urban African American smokers. *Addict Behav* 2004;29:1259-63.
- Choi WS, Okuyemi KS, Ahluwalia HK, Ahluwalia JS. Comparison of smoking relapse curves among African-American light and heavy smokers. *Addictive Behaviors* 2004;29:1679-83.
- Pulvers KM, Lee RE, Ahluwalia HK, Mayo MS, Fitzgibbon ML, Jeffries SIK, Butler J, Hou Q, Ahluwalia JS. Development and validation of a culturally-sensitive body image instrument among urban African Americans. *Obesity Research* 2004;12:1641-51.
- Lee RE, Harris KJ, Catley D, Shostrom V, Choi S, Mayo MS, Okuyemi K, Kaur H, Ahluwalia JS. Factors associated with BMI, weight perceptions and trying to lose weight in African-American smokers. *J Natl Med Assoc.* 2005;97:53-61.
- Okuyemi KS, Ebersole-Robinson M, Nazir N, Ahluwalia JS. African-American menthol and nonmenthol smokers: differences in smoking and cessation experiences. *J Natl Med Assoc.* 2004;96:1208-11.
- Wetta-Hall R, Ablah E, Oler-Manske J, Berry M, Molgaard C. Strategies for community-based organization capacity building: planning on a shoestring budget. *Health Care Manag* 2004;23:302-9.
- Ablah E, Wetta-Hall R, Burdsal CA. Assessment of patient and provider satisfaction scales for Project Access. *Qual Manag Health Care* 2004;13:228-42.
- Paschal AM, Lewis RK, Martin AK, Shipp DD, Simpson, DS. Baseline assessment of the health status and health behaviors of African Americans participating in the Activities-for-Life Program: A community-based health intervention program. *J Community Health* 2004;29:305-318.

MPH faculty also had numerous active grants and contracts for research concerning vulnerable populations (see Appendices 3 and 4). New grants and contracts of this type were received on both campuses during FY05, and included:

- Kansas Native American breast and cervical cancer. Mayo MS (PI). Kansas Department of Health and Environment. July 2004-June 2005, \$24,293.
- Addressing cigarette smoking among Native Americans. Choi WS (PI). American Lung Association. July 2005-June 2007. \$79,843.
- Use of a radiolucent pad to reduce mammography discomfort among African Americans. Engelman KK (PI). Susan G Komen Breast Cancer Foundation. May 2005-April 2007. \$199,496.
- Risk factors for lower live birth rates among ethnic minorities treated with ART. Frazier LM (PI). KUMC Research Institute. February 2005-January 2006. \$35,000.
- Comprehensive Cancer Plan follow-up: Public town hall meetings and physician involvement.

Johnston J (PI). Kansas Department of Health and Environment. June 2005-June 2006. \$39,152.

Comment: This program objective was met. A major focus of faculty research was improving health in vulnerable populations. On the Kansas City campus, new journal articles, grants and contracts in FY05 concerned smoking cessation, obesity and mammography among inner-city African Americans, tobacco use and cancer screening among Native Americans, and health care delivery among rural and inner-city populations. On the Wichita campus, new journal articles, grants and contracts in FY05 concerned access to health care among the uninsured, birth outcomes among African Americans, and prevention and treatment of cancer in rural areas of Kansas.

Objective 3.3: Provide opportunities for students to become involved in research

Target: *Test methods to measure student involvement in research.*

Data: Methods used to measure student involvement in research included reviewing the authors of posters at the Annual Kansas Public Health Association meeting, the annual school of medicine research symposia and the departmental annual reports. The following posters and presentations by MPH students reported findings from research projects. Presentation venues included local, regional and national professional meetings (student names provided in bold type):

Kansas City campus:

- **Roberts S**, Born WK, Engelman KK, Greiner KA, James AS. Preferences and barriers to colorectal cancer screening among primary care patients. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Elsinghorst E**, Griffin P, Pezzino G. Identification of missed opportunities for the diagnosis and treatment of latent tuberculosis infections. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- Hutcheson TD, Jeffries SK, **Casey G**, **Mussulman LM**, Greiner KA, Ellerbeck EF. Motivators and barriers of smoking cessation in rural Kansas communities. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Mussulman LM**, Jeffries SK, **Casey G**, Hutcheson TD, Greiner A, Ellerbeck EF. A disease management approach to smoking cessation in rural Kansas. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Dubinsky R**, Lai S-M. Hospital morbidity and mortality of stroke patients treated with thrombolysis: Analysis of the Nationwide Inpatient Sample (NIS). Presented at the 57th Annual Meeting of the American Academy of Neurology, April 9-16, 2005, Miami, FL.

Wichita campus:

- **Petz J**, Jones T. Frequency of screening mammography and clinical breast exam among Kansas women: An analysis of 2002 BRFSS data. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Werder S**, Frazier LM, Hawley S, Molgaard C, Pfeiffer R, Boyd DW. Resources for managing substance abuse in Crawford county, KS: A quantitative-qualitative community assessment project. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Samuelson D**, Hunt C, Paschal A, Hawley S, Fredrickson DD. Factors associated with mammogram screening in Kansas women: An analysis of Kansas Women's Health Survey data. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Partridge RS**. Fatherlessness as a public health issue. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Kopf MS**, Jones TL. BRFSS dental cleaning frequencies by income and education: A survey of Kansas oral health. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Ablah E**, Jones TL, Molgaard CA, Fredrickson D, Wetta-Hall R, Chesser A, Chance D, Cook

D. Evaluation of anti-terrorism preparedness among Kansas health professionals. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.

- **Moussa R**, Tahir M, Frazier L, Scanlan T, Chesser A. Knowledge, attitudes and behaviors about West Nile virus—Sedgwick county, KS. Poster presented at the annual Kansas Public Health Association conference, September 29-27, 2004, Topeka, KS.
- **Synovitz C, Ablah E**, Molgaard C. Health care providers' knowledge of environmental health responders to a terrorist event. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- Cheney J, Naccarato T, **Ablah E**, Hawley S, Molgaard C. Terrorism preparedness: Are Kansas communities prepared for the ramifications of an attack? Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- **Ablah E**, Burdsal C, Medvene L, Wetta-Hall R. Assessment of patient and provider satisfaction scales for Project Access in Wichita, KS. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- **Ablah E**, Paull-Forney B, Hawley S, **Honas J**, Early J. Attrition and changing trends in a large clinic-based weight loss program. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- **Ablah E**, Jones T, Molgaard C, Cook D, Wetta-Hall R, Fredrickson D. Response to terrorism: Do Kansas health professionals feel prepared? Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- Cook D, Molgaard C, **Ablah E**, Fredrickson D, Wetta-Hall E, Jones T. Department of health technology outreach: Response to terror and emerging infections. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- Cook D, Wetta-Hall R, Jones T, Fredrickson D, **Ablah E**, Molgaard C. Terrorism preparedness training in Kansas: Systems and community impact of a statewide training program. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.
- Paschal A, **Ablah E**, Molgaard C, Liow K, Wetta-Hall R. Stigma and safe havens: A medical sociological perspective on African American female epilepsy patients. Poster presented at the Thirteenth Annual Research Forum of the University of Kansas School of Medicine-Wichita, April 9, 2005, Wichita, KS.

Target: *Develop methods to measure student satisfaction with opportunities for involvement in research.*

Data: Students who present research findings at professional meetings tell us this is a very rewarding activity, but we don't know how non-participating students feel about opportunities for involvement in research. Since so many of our students are employed full time, lack of time may be a barrier to joining a faculty research project. We identified the Exit Questionnaire for graduating students as one way we could better measure student satisfaction with opportunities to participate in research.

Comment: In FY05, at least 20 research presentations involved 14 MPH students (5 students in Kansas City and 9 students in Wichita). Most of the student research topics concerned public health practice or vulnerable populations. The number of presentations and participating students was similar to those in FY04 (19 posters involving 18 students). We will ask students to record their research participation systematically through our initiative to field-test the use of student portfolios in FY06 (See Program Objective 1.3, Target 3). We will also add a research item to the Exit Questionnaire to begin assessing student satisfaction with opportunities for involvement in research.

Objective 3.4: Conduct public health practice research

Target: *Identify barriers and opportunities for conducting public health practice research.*

Data: This is a new program objective for FY05. Program students are conducting this type of research with faculty, as shown by the poster presentations, above. Faculty are also conducting public health program evaluation through the technical assistance they provide to traditional public health practice organizations such as KDHE (described under Program Objective 4.2, below). Some members of our faculty are publishing additional research on the delivery of services by traditional public health practitioners. Examples include:

- Fox LM, Ocfemia MC, Hunt DC, Blackburn BG, Neises D, Kent WK, Beach MJ, Pezzino G. Emergency survey methods in an acute cryptosporidiosis outbreak. *Emerg Infect Dis.* 2005 May;11(5):729-31.
- Davis TC, Fredrickson DD, Marin E, Arnold C, Shoup E, Sugar M, Humiston SG, Bocchini JA. Childhood vaccine risk/benefit communication among public health nurses: A time-motion study. *Public Health Nurs* 2004; 21:228-236.
- Lai SM, Barimella S, Keighley J. Pathology and dermatology reports: Key in completeness of melanoma cancer reporting in population-based cancer registries. *J Registry Management* 2004;31:87-91.

This year, we asked our bi-campus standing committee on research to explore ways we might increase our program's public health practice research by identifying barriers and opportunities for conducting public health practice research. The committee identified several key components of this issue:

- What is the definition of public health practice research?
 - A standard, widely-used definition is not available.
 - The Council of State and Territorial Epidemiologists highlights the importance of data in its definition of public health practice as "...the collection and analysis of public health data for the purposes of protecting the community."
 - The seven CDC-sponsored Public Health Practice Centers have program goals that include assessing community health, and improving performance of community health systems.
- Can we locate examples of public health practice research that helps to improve the quality of the public health practice agency activities?
 - Grants and contracts have been secured by our faculty to assist state and local health departments to evaluate specific programs.
- What kind of funding support is available for public health practice research?
 - The major sources of funding for scholarly research include the NIH and foundations, and do not typically use the term, "public health practice research"
 - Grants and contracts available from Kansas public health agencies are typically quite modest.

The committee found very helpful the approach taken by the University of Pittsburgh's Center for Public Health Practice. Its stated mission is to enhance the linkages between the academic arena and the practice arena of public health. It aims to become a national model for academic public health practice by advancing the scholarship of practice, and by recruiting, developing and supporting faculty members to conduct applied research on topics of high priority for the practice of public health.

Activities of the Center that are similar to those in which our program participates or leads include:

- Center for Public Health Preparedness
- Pennsylvania Preparedness Leadership Institute
- Pennsylvania and Ohio Public Health Training Center
- Public Health Preparedness and Disaster Response Certificate Program

Comment: These findings suggest that public health practice research could be defined broadly, or more specifically concern topics of high priority for the practice of public health. Public health practice research may encompass the 3 core public health functions of assessment, policy development and assurance.

Analytic activities are part of each of the 10 essential services of public health, especially:

- Monitor health status
- Inform and empower people

- Link people to health services
- Evaluate quality
- Enforce laws and regulations
- Assure a competent workforce

In FY06, we will further consider these findings during strategic planning.

Program Goals and Objectives, FY05 (2004-2005)

SERVICE AND PRACTICE – FY05

GOAL 4: Lead and support service and practice activities to meet public health needs

Objective 4.1: Assist organizations devoted to the public's health

Target: *At least 2 faculty or staff will assume leadership roles in organizations devoted to the public's health each year*

Data: New in FY05 are these leadership roles played by MPH faculty:

- Medical Director and Chief Health Officer, Wyandotte County Health Department (Dr. Allen Greiner). Wyandotte is the county in which Kansas City is located, and has many significant public health issues.
- Director of Health, KDHE, adjunct faculty member Dr. Howard Rodenberg.

In FY05, our faculty received the following awards from the Kansas Public Health Association (KPHA) for their service to public health in our state:

- Special Service Awards: (for launching the Kansas Public Health Leadership Institute)
 - Dr. Craig Molgaard
 - Dr. Suzanne Hawley
- Samuel Crumbine Award: Adjunct faculty member Shirley Orr, ARNP, MHS, CNAA, Director of Local Health for KDHE (for outstanding contributions to public health in Kansas). Ms. Orr is responsible for oversight of state agency liaison activities with local agencies and general infrastructure support for the 99 local Kansas health departments serving 105 counties.

Selected additional leadership activities are listed below ().

- KPHA (Committee chairships by Drs. Wetta-Hall, Richter, and Hawley, and Ms. Shirley Orr, Sonja Armbruster and Melissa Armstrong (see also Program Objective 2.1)
- Lead Consultant, BRFSS, Council of State and Territorial Epidemiologists (D. Charles Hunt)
- Chair, Science and Epidemiology Committee, Association of State and Territorial Chronic Disease Program Directors (D. Charles Hunt)
- Chair, Protocol Review and Data Monitoring Committee, Kansas Masonic Cancer Research Institute (Dr. Mayo)
- Director, Kansas Cancer Registry (Dr. Lai)
- Chair, Kansas Cancer Data Release Advisory Board (Dr. Lai)
- Executive Board Member, Physicians for a Violence-Free Society (Dr. Surprenant)
- Chair, Medical Committee, Community Action Violence Council, Johnson County, KS (Dr. Surprenant)
- Kansas Liaison for the Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health (Dr. Craig Molgaard).
- Co-Chair, Kansas Public Health Workforce Development Committee (Dr. Molgaard)
- Medical Director and Chief Health Officer, Sedgwick County Health Department (Dr. Fredrickson)

Leadership and service within the MPH program and the school of medicine were recognized for the following faculty and students during FY05:

- Departmental Outstanding Faculty Awards: These were awarded for outstanding teaching, service and research to Dr. Sandra Hall (Kansas City) and Dr. Angelia Paschal (Wichita)

- Executive Vice Chancellor's Diversity Award: Awarded to Dr. Suzanne Hawley. The award is presented in support of the Executive Vice Chancellor Dr. Barbara Atkinson's goals, which include improving social justice, human rights, and cultural awareness. At the ceremony, Dr. Atkinson said of Dr. Hawley, "Her devotion to the cause of Kansas public health makes her unusually qualified to represent the university and to carry out work that makes a real difference in the state."
- MPH Outstanding Graduate Awards:
 - Ashley Hamilton received the award on the Kansas City campus, named in honor of late faculty member, Analee E. "Betsy" Beisecker. Among Ms. Hamilton's contributions to the program were serving as MPH Student Organization co-president, tracking health-related bills in the Kansas legislature as a member of the Legislative Action committee of the Kansas Public Health Association, and serving on the planning committee for our medical center's Cover the Uninsured Week. Her capstone project was entitled, "Strengthening Healthcare's Response to Domestic Violence: A Case Study."
 - Elizabeth Ablah received the award on the Wichita campus. While serving as co-president of the MPH Student Organization, she led the development of the organization's new bi-campus bylaws, working closely with Ashley Hamilton to accomplish this. Ms. Ablah designed and implemented a mentoring workshop series for MPH students. She received the MPH degree while completing a PhD in community health psychology from Wichita State University. She also became our first "second-generation" graduate, as her mother was the first graduate of the MPH Kansas program. Her capstone project was entitled, "A Quantitative Evaluation of 'Can it Happen in Kansas': Response to Terrorism and Emerging Infection."

Comment: Faculty and staff assumed leadership roles in traditional public health organizations in Kansas. Students, Faculty and staff also led and participated in community-based and university-based activities to improve the public's health, and several individuals were recognized for outstanding contributions this year.

Objective 4.2: Provide technical assistance to public health practitioners

Target: *At least 2 public health programs in our region will receive technical assistance from our faculty each year*

Data: Formal technical assistance was provided by our core faculty members to several public health programs in our region, including:

- The Sedgwick County Health Department was assisted by Wichita faculty member Dr. Doren Fredrickson in his role as Medical Director and Chief Health Officer
- The Wyandotte County Health Department was assisted by Wichita faculty member Dr. Allen Greiner in his role as Medical Director and Chief Health Officer
- KDHE received technical assistance for developing the public health workforce (see Objective 2.1 for details)
 - Dr. Craig Molgaard
 - Dr. Suzanne Hawley
- KDHE was assisted in implementing the state's Comprehensive Cancer Plan by committee service from the following faculty:
 - Ms. Judy Johnston
 - Dr. John Neuberger
 - Dr. Sue-Min Lai
 - D. Charles Hunt
 - Dr. Aimee James
 - Dr. Allen Greiner
- KDHE also contracted with faculty member Judy Johnston provide Comprehensive Cancer Plan public town hall meetings and listening sessions with physicians.

Comment: Faculty provided technical assistance of several types to public health practitioners in Kansas.

Objective 4.3: Students will participate in service activities to enhance the public's health

Target: *At least one service activity involving a group of students will occur on each campus each year*

Data: MPH Student Organization activities included:

Kansas City

- Arranged and donated two large “Get Physical and Get Healthy” baskets for the KU Medical Center’s Street Fair Silent Auction. Proceeds went to Rosedale Middle School and the JayDoc Free Medical Clinic.
- Collected blankets, coats and warm clothing for Project Warmth, an organization that distributes items to those in need during the winter months.
- Partnered with Habitat for Humanity to help complete a house for a waiting family before winter arrived.

Wichita

- Collected Arkansas River water samples with middle school students and analyzed them for World Water Monitoring Day.
- Participated in activities with Inter-Faith Ministries during Operation Holiday in December.

Comment: Students participated as a group in service activities on both campuses.

Program Goals and Objectives, FY05 (2004-2005)

PROGRAM ENVIRONMENT – FY05

GOAL 5: Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program

Objective. 5.1: Maintain a strong, bi-campus organizational structure for managing the program

***Target 1:** Evidence-based strategic planning will be accomplished through quarterly meetings of the Executive Council, with regular input from the Dean, the faculty and students, and regional stakeholders.*

Data: The Executive Director (Dr. Frazier) led the program’s strategic planning and program evaluation through a bi-campus process that was documented in meeting minutes (dates shown in Table 12). Membership in the Executive Council, the Chairs of each bi-campus standing committee (each of which has two voting student members), and the Chair of the External Advisory Committee are listed at the beginning of this report.

Table 12. Formal bi-campus meetings for strategic planning and program evaluation in FY05

Meeting	Date	FY05 Total
Executive Council	9/16/04, 12/13/04, 2/3/05, 5/5/05	4
External Advisory Committee	9/28/04, 2/7/04	2
Dean	8/5/04, 12/16/04, 2/10/05, 5/12/05, 6/16/05	5
Admissions	10/19/04, 4/21/05, 5/16/05	3
Curriculum	12/16/04, 3/23/05, 4/22/05, 5/11/05, 6/15/05	5
Research	3/29/05, 5/18/05	2
Bi-campus faculty	8/3/04, 11/2/04, 2/1/05, 5/3/05	4
MD/MPH Committee (ad hoc)	8/10/04, 12/10/04	2
FY05 Program Total		27

***Target 2:** Program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly*

Data: The bi-campus Operations Committee was very active, working together 17 times in formal meetings with minutes (Table 13), and numerous other times less formally. When these meetings are added to the 27 meetings shown in Table 12, there were a total of 44 formal meetings in FY05 to manage the program.

Table 13. Formal bi-campus Operations Committee meetings to implement program priorities in FY05.

Meeting	Date	FY05 Total
Operations Committee	7/22/04, 7/28/04, 8/3/04, 9/16/04, 9/23/04, 10/20/04, 11/1/04, 12/8/04, 1/19/05, 2/16/05, 2/23/05, 3/17/05, 4/20/04, 5/2/05, 5/18/05, 6/6/06, 6/15/06	17

Target 3: *The following program wide data systems will be maintained and used for program management:*

- *Enrollment (PeopleSoft)*
- *Comprehensive Student Database (Access/SPSS)*
- *Course Evaluations (Excel/SPSS)*
- *Competency Self-Assessments: Newly-enrolled Students (Excel/SPSS)*
- *Bi-campus Budget (Excel)*
- *Periodic surveys for special initiatives (including stakeholders at least every 3 years—FY04, FY07 and so on).*

Data: These databases were used to provide the statistical summaries in this report. We also constructed a new database, named “Competencies in Course Learning Objectives.” Characteristics of this database are provided in Table 14. This database was used to assess faculty compliance with providing public health core competencies as learning objectives in syllabi. The data were also used to construct a curriculum competency matrix. The matrix allowed us to learn the frequency with which specific competencies are addressed in our required courses. By calculating the median number of competencies addressed per course, we could also generate hypotheses about course workload as a factor in student satisfaction with specific courses.

Table 14. Characteristics of new curriculum competency matrix database.

Name	Software		Types of Information
	Data Storage	Data Analysis	
Competencies in Course Learning Objectives	Excel	SPSS	National core public health competencies that are addressed in each course, course characteristics such as required or elective.

Comment: During FY05, the bi-campus administrative structure of the MPH program was strong and very active, with a governance meeting occurring on average almost once a week. Key program data were analyzed and used for evaluation and planning. The FY06 program objectives and targets that we adopted during Spring 2005 include expanded student self-assessments of competencies: in addition to the baseline assessment on enrollment, the next step will be to include self-assessment before beginning the practicum. We will also add a faculty assessment of the student’s competencies during/after completion of the practicum. To manage and analyze these data, one database will be modified. “Competency Self-Assessments: Newly-Enrolled Students” will be expanded and renamed, “Baseline and Periodic Student Competencies.” In FY06 we will also develop and field test student

portfolios as a potential mechanism to document student competencies.

In late June 2005, CEPH released new accreditation criteria for MPH programs. Every MPH program will need to submit a formal report to CEPH documenting compliance with the new criteria by December 31, 2007. CEPH completely overhauled the accreditation criteria. Previously, evaluation of each MPH program centered on 10 major accreditation criteria. Since most of the major accreditation criteria included sub-criteria, there were 23 distinct accreditation line items. The new standard centers on 4 major accreditation criteria with one to 11 additional sub-criteria, amounting to a total of 30 distinct accreditation line items, a 30% increase. Each of the 30 accreditation line items has several types of documentation that is now explicitly required. In total, there are now 137 types of documentation that are explicitly required, distributed as follows among the four major accreditation criteria:

Criterion 1.0. The Public Health Program—45 types of required documentation

Criterion 2.0. Instructional Programs—42 types of required documentation

Criterion 3.0. Creation, Application and Advancement of Knowledge—16 types of required documentation

Criterion 4.0. Faculty, Staff and Students—34 types of required documentation

Preliminary review of the new accreditation standards suggests we are already in compliance with most of the requirements, and that we are already collecting many of the types of documentation required. However during FY06, we will need to conduct a review of our entire program during our strategic planning processes. Based on the findings, we will need to address any criteria that we are not fully meeting. The most substantial change will be our MPH program's length (accreditation item 2.2). We will need to increase the minimum number of credits from 36 to 42 semester-hours. Therefore we have created a new objective under our Program Goal 5: Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program. This new objective and its targets will be:

Objective 5.2: Conduct a comprehensive review of our MPH program to develop any needed initiatives to achieve compliance with CEPH's 2005 Amended Accreditation Criteria for Public Health Programs.

Target 1: *Assess compliance with each of the new criteria by December 31, 2005.*

Target 2: *Establish the format of any new data systems needed to document compliance by June 30, 2006.*

The program objective below will be re-numbered to accommodate insertion of this new objective.

Objective 5.2: Foster professional development among our faculty

Target: *Tenure-track faculty will achieve promotion at intervals expected by the University of Kansas*

Data: All 5 MPH program faculty applied for and were granted promotions by the university's Promotion and Tenure Committee:

- After 7 year as Associate Professor, Sue-Min Lai PhD, MS, MBA was promoted to full Professor.
- After 7 years as Associate Professor, Doren Fredrickson MD, PhD was promoted to full Professor.
- Ruth Wetta-Hall, RN, MSN, MPH, PhD was promoted from Teaching Associate to Research Assistant Professor.
- Elizabeth Ablah, MPH, PhD was promoted from Teaching Associate to Research Assistant Professor
- Nicole Nolen, PhD, MA was promoted from Research Instructor to Assistant Professor.

Comment: 100% of MPH program faculty who applied for promotion were successful. There is no specific time expectation for promotion from Teaching Associate of Research Instructor to the assistant professor level. Both faculty members promoted from Associate Professor to full Professor met the University's expectation of a 7-year interval.

Challenges and Opportunities

This year, our challenges and opportunities have revolved around program growth. Opportunities for improving the public's health through education and service have developed rapidly due to the tremendous success of our program faculty, staff, students and community partners. In FY04 compared to FY05, applications for admission to the MPH program increased from 72 to 87, and newly-enrolled degree-seeking MPH students increased from 25 to 36. The proportion of the entering class of degree-seeking students who are currently working in public health practice increased from 12% in FY04 to 22.2% in FY05. The number of credit hours we taught during the Fall and Spring semesters increased from 880 to 1,030 in FY04 and FY05, respectively. Our workforce development activities are now impacting 72 of 105 Kansas counties, and our faculty are valued members of the Kansas Public Health Workforce Development Committee.

As more of our program faculty and staff work side-by-side with public health practitioners, more opportunities are being generated for service-based learning among students. Our physician faculty members are now serving as Chief Health Officers in the two most densely-populated locations in Kansas: Sedgwick and Wyandotte counties. Our state health department's new Director of Health is an adjunct faculty member already engaged in our program. Linkages to rural health departments are strong. Our challenge is to make the most of these opportunities given that most of our MPH students are employed full-time, and there are great distances between the major population centers and rural areas of our state. The strengthening of program links to more public health practitioners throughout our state provides an opportunity to overcome some of the distance barriers to practicum sites and limited capacity to train students at individual sites.

These opportunities carry with them certain challenges. Our overarching goal is to sustain the many MPH program initiatives that have been successful over the past few years. One challenge is to develop solid plans to maintain revenue streams for programs that have been launched with extramural funding. Funding from the Kansas Health Foundation is assisting us to develop much-needed new courses in health policy/law and administration/finance. Although the grant will end in two years, it would have been much more difficult to provide the curriculum enhancement that our needs assessment data are demanding if we had not been blessed with this funding. Traditional research funding streams provide very few dollars for public health practice research, although our faculty have been selected by our state health department to provide technical assistance supported with several small grants. Our very successful public health workforce development activities are largely supported by grant dollars. Our research to help vulnerable populations relies extensively on extramural funding. The fact that these extramural funds have been secured shows that our faculty are choosing topics that are viewed as important by funding agencies, are proficient at writing proposals, and are successfully completing the projects.

A new challenge for all MPH programs is to comply with the completely re-organized and significantly expanded CEPH accreditation criteria and required documentation that were released in June, 2005. We believe we are well-poised to document compliance within 18 months as required because our strategic planning processes over the past two years have led to new initiatives that are in harmony with the direction in which CEPH is leading public health education.

Goals and Objectives, FY06 (2005-2006)

EDUCATION – FY06

GOAL 1: Prepare MPH students for professional careers

Objective 1.1: Enroll a qualified student body

Target 1: 10-15 new students/year—Wichita

15-25 new students/year—KC

Target 2: $\geq 90\%$ of degree-seeking new enrollees have undergraduate GPA ≥ 3.0

Target 3: $\geq 90\%$ of degree-seeking new enrollees have GRE scores $\geq 50^{\text{th}}$ percentile

Objective 1.2: Ensure adequate graduation rates

Target 1: 80% graduation rate within 5 years of enrollment as a degree-seeking student

Target 2: Structure curriculum to accommodate needs of employed students (provide at least 3 evening or web-based courses in Fall and Spring semesters)

Objective 1.3: Teach a high-quality, competency-based curriculum

Target 1: All courses will receive student evaluations of ≥ 4 out of 5 on at least 2 of the 4 quality indicators

Target 2: 100% of course syllabi include core public health competencies

Target 3: All students will self-assess skill levels in core public health competencies periodically during training. Faculty will assess each student's competency level during completion of the capstone. Design and field test materials that could be used to assist competency development by means of portfolios.

Target 4: Design 2 new intermediate-level courses: public health administration/finance and public health policy/law. Act on data collected on resources needed to develop concentration in epidemiology.

NEW

NEW

Objective 1.4: Educate students about public health practice

Target 1: 100% of capstones will include public health practice (beginning with Fall 2004 enrollment cohort).

Target 2: The program will have at least 8 faculty/adjunct faculty from public health practice involved in teaching each year (4 on each campus).

NEW

GOAL 2: Provide education and training for our local, state and regional public health workforce

Objective 2.1: Lead workforce development planning activities in our region

Target 1: At least 2 faculty will be members of the Kansas Public Health Workforce Development Committee each year

Target 2: At least 2 faculty will participate in other such planning activities each year

Objective 2.2: Provide public health continuing education

Target: At least 2 public health continuing education courses in our region will include our faculty as teachers each year

Goals and Objectives, FY06 (2005-2006)

RESEARCH – FY06

GOAL 3: Conduct research that will strengthen the science base for public health policy and practice

Objective 3.1: Author scholarly publications

Target: The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 20 on each campus each year

Objective 3.2: Conduct research for vulnerable populations

Target: At least two faculty research projects will address vulnerable populations on each campus each year

Objective 3.3: Provide opportunities for students to become involved in research

Target 1: ≥ 5 students from each campus will participate in research each year.

Target 2: $\geq 60\%$ of students will be satisfied with opportunities for involvement in research

NEW

Objective 3.4: Conduct public health practice research

Target: Act on data collected about barriers and opportunities for conducting public health practice research.

NEW

Goals and Objectives, FY06 (2005-2006)

SERVICE AND PRACTICE – FY06

GOAL 4: Lead and support service and practice activities to meet public health needs

Objective 4.1: Assist organizations devoted to the public's health

Target: At least 2 faculty or staff will assume leadership roles in organizations devoted to the public's health each year

Objective 4.2: Provide technical assistance to public health practitioners

Target: At least 2 public health programs in our region will receive technical assistance from our faculty each year

Objective 4.3: Students will participate in service activities to enhance the public's health

Target 1: At least one service activity involving a group of students will occur on each campus each year

Target 2: Design and field test portfolio materials that could be used to promote and assess service activity by students.

NEW

Goals and Objectives, FY06 (2005-2006)

PROGRAM ENVIRONMENT – FY06

GOAL 5: Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program

Objective 5.1: Maintain a strong, bi-campus organizational structure for managing the program

Target 1: Evidence-based strategic planning will be accomplished through quarterly meetings of the Executive Council, with regular input from the Dean, the faculty and students, and regional stakeholders.

Target 2: Program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly

Target 3: The following core program wide data systems will be used for program management:

- Enrollment
- Comprehensive Student Database
- Baseline and Periodic Student Competencies
- Competencies in Course Learning Objectives
- Course Evaluations
- Bi-campus Budget
- Periodic surveys for special initiatives
(includes stakeholders at least every 3 years—FY04, FY07 and so on)

Objective 5.2: Conduct a comprehensive review of our MPH program to develop any needed initiatives to achieve compliance with CEPH's 2005 Amended Accreditation Criteria for Public Health Programs

NEW

Target 1: Assess compliance with each of the new criteria by December 31, 2005.

Target 2: Establish the format of any new data systems needed to document compliance by June 30, 2006.

Objective 5.3: Foster professional development among our faculty

Target: Tenure-track faculty will achieve promotion at intervals expected by the University of Kansas

Appendix 1

Students and Graduates – FY05

Table 15 shows the number of our graduating and new students for FY05. Public health practice is defined as working at sites such as KDHE, county health departments, the US Public Health Service, military public health and CDC.

The proportion of graduating students employed in public health practice at graduation and during follow up is a measure of the impact of the training program on the public health workforce, as students who were not originally working in public health practice obtain such jobs. As of graduation, three of our students worked at KDHE, the US Public Health Service and in international public health.

Nearly one-fourth of our entering class is employed in public health practice (8 of 36 new degree-seeking students, 22.2%). This represents an increase from FY04, when 3 of 25 (12%) of new degree-seeking students were public health practitioners. An additional three of the new degree-seeking students in FY05 work in rural or minority health care delivery settings.

Table 15. Students who graduated and students newly enrolled.

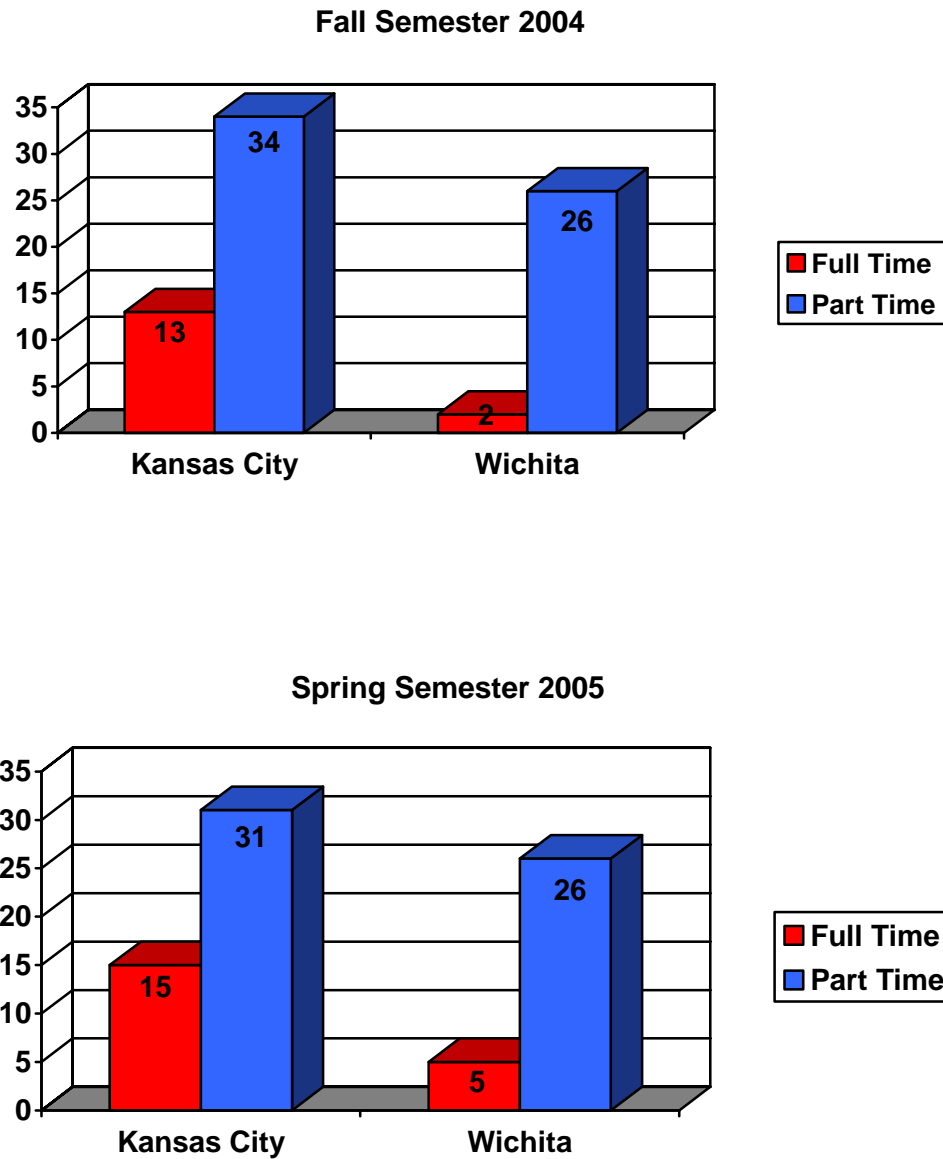
Graduating Students	New Students
<ul style="list-style-type: none">• 15 students• 3 of these students were in public health practice at graduation (12%)	<p><i>Degree Seeking</i></p> <ul style="list-style-type: none">• 36 students• 8 of these students are in public health practice (22.2%)• 3 of these students help provide health care to rural or minority populations (8.3%) <p><i>Non Degree-Seeking</i></p> <ul style="list-style-type: none">• 2 students• 1 of these students is in public health practice (50%)

The MPH program is serving constituents throughout our state. From Spring 2002 through Spring 2005, our MPH student body has come from these 17 Kansas counties: Butler, Crawford, Douglas, Finney, Geary, Harvey, Johnson, Leavenworth, McPherson, Osage, Pratt, Reno, Riley, Sedgwick, Shawnee, Stevens, and Wyandotte (Figure 1, page 5).

Full-time and Part-time Students

Each semester, over 70 students were enrolled in MPH courses (75 students in Fall Semester 2004 and 77 in Spring Semester 2005; 49 students also took classes in Summer Term 2004). Most students (e.g. 81.5% in Fall 2004) took fewer than 9 credit hours per semester and were thus classified as part-time students (see Figure 2 below). There were 57.8 full-time equivalent (FTE) students taking classes in Fall Semester 2004, and 56.5 FTE students taking classes in Spring Semester 2005.

Figure 2. Full time and part time students, by semester.



Student-Faculty Ratio

The student-faculty ratio was calculated from student FTE listed above and the FTE contributed by core teaching faculty. The method by which faculty effort for teaching and advising was determined is shown on Table 16.

Table 16. Method of determining faculty teaching effort in the MPH program.

Teaching Activity	Annualized % Effort
Traditional classroom teaching	
Established course	4% per semester hour
New or substantially-revised course	5% per semester hour
Web-based course teaching	
Established course	5% per semester hour
New or substantially-revised course	7% per semester hour
Independent study	2% per semester hour
Capstone committee	
Chair	2% per credit hour
Member	1% per credit hour
Serving as advisor	1% per student assigned

The effort provided to the MPH program by core faculty increased from 9.21 FTE in FY04 to 9.84 FTE this year, a 6.8% increase (Table 17). Within the FTE for FY05, effort for program leadership amounted to 1.48 FTE, and was contributed by the Executive Director, 2 site directors, and faculty serving on the MPH standing committees (Admissions, Curriculum, and Research).

Table 17. Trends in effort devoted to the MPH program by core teaching faculty.

Faculty Effort*	FY04	FY05
Kansas City		
Number of core faculty	22	25
Number contributing \geq 30% effort	5	8
FTE core faculty	5.36	5.63
Wichita		
Number of core faculty	12	12
Number contributing \geq 30% effort	4	6
FTE core faculty	3.85	4.21
Total for Program		
Number of core faculty	34	37
FTE core faculty	9.21	9.84

*Teaching MPH courses, advising or mentoring MPH students, and administering the MPH program.

The increase in FTE during FY05 occurred on both campuses. In Kansas City, three additional core faculty members taught and advised MPH students. In Wichita, the same number of core faculty members taught and advised MPH students, while percent effort per faculty member increased (Table 17).

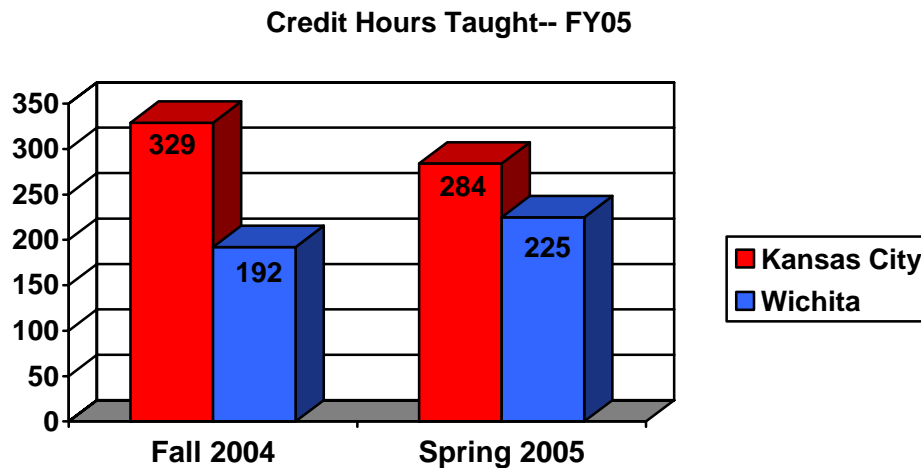
Considering both the teaching and program leadership contributed by core faculty during FY05, the student-faculty ratio ranged from 5.87 in the Fall 2004 semester (57.8 FTE students / 9.84 FTE faculty) to 5.74 in the Fall Semester (56.5 FTE students / 9.84 FTE faculty).

Contract faculty who held adjunct appointments also taught MPH courses in the classroom and on the Web. In FY05, this type of teaching was provided by 2 Kansas City faculty who contributed a total of 9% teaching effort and by 4 Wichita contract faculty who contributed a total of 46% teaching effort. Overall totals for core plus contract faculty were: 27 faculty who provided 5.72 FTE in Kansas City, and 16 faculty who provided 4.67 FTE in Wichita. For the bi-campus program as a whole, 43 faculty members provided 10.39 FTE. Using these overall faculty totals, the student-faculty ratio ranged from 5.56 in the Fall 2004 semester (57.8 FTE students / 10.39 FTE faculty) to 5.43 in the Fall Semester (56.5 FTE students / 10.39 FTE faculty).

Credit Hours Taught

Each semester, more than 500 credit hours were provided by our faculty in the MPH courses they taught. As shown in Figure 3, a total of 521 credit hours were taught in Fall Semester 2004 and 509 in Spring Semester 2005, for a total of 1,030 credit hours for Fall and Spring. In addition, 204 credit hours were provided in Summer Term 2004. Thus, the total number of credit hours taught in FY05 was 1,234 hours.

Figure 3. Credit hours taught, by semester.



Appendix 2

Program Faculty

Core teaching faculty members who were lead instructors for MPH courses, who were formally assigned to advise MPH students and who administered the program during FY05 are provided below. The percent effort contributed by each of the 37 faculty shown in Table 18 was used to calculate the FTE for core faculty.

Table 18. Core teaching faculty.

Kansas City Campus	Wichita Campus
1. Jasjit S. Ahluwalia, MD, MPH, MS	1. Elizabeth Ablah, MA
2. Wendi Born, PhD	2. Jack Brown, MPA*
3. Tom D.Y. Chin, MD, MPH*	3. James L. Early, MD
4. Won S. Choi, PhD, MPH	4. Linda M. Frazier, MD, MPH
5. Edward F. Ellerbeck, MD, MPH	5. Doren D. Fredrickson, MD, PhD*
6. Kimberly K. Engelman, PhD	6. Deborah Fromer, MPH, MT(ASCP)
7. K. Allen Greiner, MD, MPH*	7. Suzanne Reid Hawley, PhD, MPH
8. Matthew A. Hall, PhD, MS	8. Judy Johnston, MS, RD/LD
9. Sandra Hall, PhD	9. Karen Kramer, PhD
10. D. Charles Hunt, MPH*	10. Craig A. Molgaard, PhD, MPH
11. Aimee S. James, PhD, MPH	11. Angelia Paschal, PhD, MEd
12. Shawn K. Jeffries, PhD	12. Ruth Wetta-Hall, RN, MPH, MSN
13. John D. Keighley, MS	
14. Sue-Min Lai, PhD, MS, MBA	
15. Rebecca E. Lee, PhD	
16. Chaoyang Li, MD, MPH, PhD	
17. Jonathan D. Mahnken, PhD	
18. Matthew S. Mayo, PhD	
19. Niaman Nazir, MBBS, MPH	
20. John S. Neuberger, DrPH, MBA, MPH	
21. Nicole L. Nollen, PhD, MA	
22. Kolawole S. Okuyemi, MD, MPH	
23. Kimber P. Richter, PhD, MPH, MA	
24. Paula C. Rhode, PhD	
25. Zita J. Surprenant, MD, MPH	

* Public health practitioners.

Faculty on this list who are not designated as public health practitioners often collaborate with practitioners in state and local health departments, or may work in the public health policy field. Additional public health practitioners and other community-based individuals served as practicum mentors but did not have adjunct faculty appointments. In Kansas City, contract teaching faculty included Michael H. Fox, ScD, who is an adjunct faculty member from the Department of Health Policy and Management, and V. James Guillory, DO. In Wichita, teaching contract faculty included Sonja M. Armbruster, MAC, a public health practitioner, Phillip M. Allen, MD, PhD, and Terri Jones, MPH, MT (ASCP).

The total faculty complement in the Departments of Preventive Medicine and Public Health is provided in Table 19 for calendar year 2004. The 2005 faculty list will be provided in the FY06 annual report.

Table 19. Total faculty complement.

Kansas City Campus	Wichita Campus
<i>Core Faculty</i>	<i>Core Faculty</i>
Jasjit S. Ahluwalia, MD, MPH, MS	Elizabeth Ablah, MA
Wendi Born, PhD	Jack Brown, MPA*
Won S. Choi, PhD, MPH	Dulcie Chance, EdM
Lisa Sanderson Cox, PhD	S. Edwards Dismuke, MD, MSPH
Edward F. Ellerbeck, MD, MPH	James L. Early, MD
Kimberly K. Engelman, PhD	Linda M. Frazier, MD, MPH
Matthew A. Hall, PhD, MS	Doren D. Fredrickson, MD, PhD*
Sandra Hall, PhD	Deborah Fromer, MPH, MT(ASCP)
Qingjiang Hou, MS	Suzanne Reid Hawley, PhD, MPH
D. Charles Hunt, MPH*	Karen Kramer, PhD
Aimee S. James, PhD, MPH	Judy Johnston, MS, RD/LD
Shawn K. Jeffries, PhD	Terri Jones, MPH, MT(ASCP)
John D. Keighley, MS	Craig A. Molgaard, PhD, MPH
Sue-Min Lai, PhD, MS, MBA	Angelia Paschal, PhD, MEd
Rebecca E. Lee, PhD	Timothy Scanlan, MD, MBA
Chaoyang Li, MD, MPH, PhD	Ruth Wetta-Hall, RN, MPH, MSN
Jonathan D. Mahnken, PhD	
Matthew S. Mayo, PhD	
Robert M. McCool, MS	
Niaman Nazir, MBBS, MPH	
John S. Neuberger, DrPH, MBA, MPH	
Nicole L. Nollen, PhD, MA	
Subashan Perera, PhD	
Kimber P. Richter, PhD, MPH, MA	
Paula C. Rhode, PhD	
Janet L. Thomas, PhD	
Mary D. Virden, MEd, RN	
Zita J. Surprenant, MD, MPH	

* Public health practitioners

Table 19, continued.

<i>Faculty with Secondary Appointments</i>	<i>Faculty With Secondary Appointments</i>
Andrea Charbonneau, MD, MSc Michael H. Fox, ScD K. Allen Greiner, MD, MPH* James E. Grobe, PhD Harsohena Kaur, MD, MPH David G. Meyers, MD, MPH Kolawole S. Okuyemi, MD, MPH Glen W. White, PhD Jeffrey C. Whittle	Amanda Golbeck, PhD Ken J. Kallail, PhD Rick Kellerman, MD Anne Walling, MB, ChB
<i>Volunteer Faculty</i>	<i>Volunteer Faculty</i>
M. Denise Dowd, MD, MPH V. James Guillory, DO Gerald L. Hoff, PhD* Allen J. Parmet, MD, MPH Hugh D. Riordan, MD Marvin G. Stottlemire, PhD, JD	Cindy Burbach, DrPH* Thomas Clements, MD, MPH David Grainger, MD, MPH Margaret A. Grigg, RN, BSN, PHN Donna Johnson, RD, PhD Deanna Knapp Rhonda Lewis, PhD Patricia MacDonald, MA* Arneatha Martin, ARNP Shirley Orr, MHS, ARNP, CNAA* Robert St. Peter, MD D. Cramer Reed, MD Dean Paul Scheurman, MS
<i>Additional Faculty</i>	<i>Additional Faculty</i>
Tom D.Y. Chin, MD, MPH* Norge W. Jerome, PhD, FACN, FASNS, CNS	Phillip M. Allen, MD, PhD Sonja M. Armbruster, MAC* Lolem Ngong, MPH* Howard Rodenberg, MD*

* Public health practitioners

Appendix 3

Selected Research Grants Active in FY05

Note: See Appendix 4 for technical consulting grants and contracts that often have a research component, such as evaluating a public health program.

Grants for Research Related to Vulnerable Populations

New in FY05

- Kansas Native American Breast and Cervical Cancer. Mayo MS (PI). Kansas Department of Health and Environment. July 2004-June 2005, \$24,293.
- Addressing Cigarette Smoking among Native Americans. Choi WS (PI). American Lung Association. July 2005-June 2007. \$79,843.
- Use of a Radiolucent Pad to Reduce Mammography Discomfort among African Americans. Engelman KK (PI). Susan G Komen Breast Cancer Foundation. May 2005-April 2007.
- Risk factors for Lower Live Birth Rates among Ethnic Minorities Treated with ART. Frazier LM (PI). KUMC Research Institute. February 2005-January 2006. \$35,000.
- Comprehensive Cancer Plan Follow-up: Public Town Hall Meetings and Physician Involvement. Johnston J (PI). Kansas Department of Health and Environment. June 2005-June 2006. \$39,152.

Ongoing

- African-American Smokers in Low-income Housing. Ahluwalia JS (PI), Catley D, Choi WS, Harris K, Okuyemi K, Sullivan D, Mayo M. National Cancer Institute. Initial grant and two supplements: \$1,202,201, \$156,987, \$107,948, respectively.
- Helping African-American Light Smokers Quit. Ahluwalia JS (PI), Catley D, Okuyemi K, Harris K, Choi WS, Mayo M. National Cancer Institute. \$1,604,016.
- Treatment of Nicotine Dependence in African Americans. Ahluwalia JS (PI). National Cancer Institute. \$72,205.
- Disease Management for Smokers in Rural Primary Care. Ellerbeck E (PI), Ahluwalia JS, Greiner A, Jeffries S, Li C. National Cancer Institute. \$2,195,363.
- Smoking Cessation Among the Homeless. Okuyemi K (PI), Ahluwalia JS. American Lung Association. \$70,000.
- Cigarette Craving in African-Americans and Whites. Okuyemi K (PI), Ahluwalia J. Kansas City Area Life Sciences Institute. \$25,000.
- Urban-Rural Sedative and Anxiolytic Use in Long-term Care. Perera S (Co-I). National Institute on Aging. \$639,908.
- Enhancing the Project Access System of Care in Wichita/Sedgwick County, Kansas. Wetta-Hall R (PI), Ablah E. Health Resources and Services Administration. \$120,000.
- Hospital Utilization of the Uninsured and those with Medicaid: Project Access. Dismuke SE (PI), Jones TL, Armbruster SM. Health Resources and Services Administration.
- Evaluation of Adult Literacy Interventions. Fredrickson D (Co-I). NIH: National Institute for Literacy and National Institute for Child Health and Development. \$48,463.

Other Research Grants

New in FY05

- Health Behaviors Among Kansas Youth. Nollen N (PI). Pfizer. \$130,000
- Development of a Disability-Related Stress Scale. Rhode PC (PI). Kansas University Research Institute. \$34,967.
- Supportive Behaviors to Assist in Smoking Cessation. Thomas JL (PI). National Institute on Drug Abuse. \$68,330.

Ongoing

- Walkin' Wichita. Johnston J (PI). Sunflower Foundation. \$193,299.
- Effect of Environmental Exposures on Fertility-related Outcomes in Humans. Frazier LM (PI).

- Kansas University Research Institute. \$25,000.
- Health Care Quality Improvement. Ellerbeck E (PI), Virden M. Kansas Foundation for Medical Care. \$361,831.
 - Role of Mammography Facilities in Mammography Service Satisfaction. Engelman K (PI), Ellerbeck E, Ahluwalia JS. American Cancer Society. \$654,722.
 - Chemicals and Cancer. Neuberger J (PI). Adams and Reese. \$27,830.

Appendix 4

Selected Service Grants and Contracts Active in FY05

Public Health Service Contracts

New in FY05

- Medical Director and Chief Health Officer. Agency: Wyandotte County Health Department. Greiner A. Funded by Wyandotte County Government.

Ongoing

- Medical Director and Chief Health Officer. Agency: Sedgwick County Health Department. Fredrickson D. Funded by Sedgwick County Government.
- Chronic Disease Epidemiologist. Agency: Kansas Department of Health and Environment. Hunt DC. Funded by Kansas Department of Health and Environment.

Grants and Contracts for Technical Consulting Related to Practice of Public Health, or Public Health Workforce Development

Note: Many of the following grants and contracts have a research component, such as evaluating a public health program.

New in FY05

- Kansas Chautauqua Informatics. Molgaard CA (PI). Kansas Department of Health and Environment. \$23,611.
- Strengthening Workforce Capacity Through Preparedness Training. Hawley SR (PI). Kansas Department of Health and Environment. \$50,000.

Ongoing

- Kansas Cancer Registry and Cancer Surveillance. Lai S (PI), Keighley J. Centers for Disease Control and Prevention, Kansas Department of Health and Environment. \$5,710,167.
- Kansas Bioterrorism Preparedness Training Evaluation. Molgaard CA (PI), Fredrickson D, Wetta-Hall R, Ablah E. Health Resources and Service Administration. \$320,000.
- Leader Full Communities. Johnston J (Co-I). Kansas Health Foundation. \$99,855.
- Comprehensive Cancer Plan Listening Tour. Johnston J (PI). Kansas Department of Health and Environment. \$9,405.
- Kansas Lean. Johnston J (PI). Kansas Department of Health and Environment, and Kansas Health Foundation. \$64,352.
- Workforce and Leadership Development (WALD) Center. Molgaard CA (PI), Hawley SH. Centers for Disease Control and Prevention, and Health Resources and Services Administration. \$640,000.
- Kansas Public Health Leadership. Molgaard CA (PI). Kansas Health Foundation and Centers for Disease Control and Prevention: \$142,875 and \$440,103, respectively.
- Stroke Prevention Sustainability Project. Johnston J (PI). United Methodist Health Ministry Fund. \$95,042.